## ART B - FEE(S) TRANSMITTAL

Complete and send this form, together with applicable fee(s), to: Mail Mail Stop ISSUE FEE

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07/23/2007

KRATZ, QUINTOS & HANSON, LLP 1420 K Street, N.W. Suite 400 WASHINGTON, DC 20005



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(Depositor's name)	 ,	
(Signature)		 
(Date)		

APPLICATION NO.	FILING DATE	. FIRST NAMED INVENTOR	ATTORNEY DOCKET NO.	CONFIRMATION NO.
10/527.085	11/08/2005	Christoffer Johans	050134	2822

TITLE OF INVENTION: METHOD FOR SURFACE TENSION MEASUREMENT

APPLN. TYPE	SMALL ENTITY	ISSUE FEE DUE	PUBLICATION FEE DUE	PREV. PAID ISSUE FEE	TOTAL FEE(S) DUE	DATE DUE
nonprovisional	YES	\$700	\$300	\$0	\$1000	10/23/2007
EXAM	IINER	ART UNIT	CLASS-SUBCLASS			
FRANK, F	ODNEY T	2856	073-064490			
I. Change of correspondence address or indication of "Fee Address" (37 CFR 1.363).  Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached.  "Fee Address" indication (or "Fee Address" Indication form PTO/SB/47; Rev 03-02 or more recent) attached. Use of a Customer Number is required.		(2) the name of a single registered attorney or a	3 registered patent attornively, e firm (having as a membagent) and the names of urneys or agents. If no names	era 2 & HAN	QUINTOS SON, LLP	

3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type)

Mel R. Quintos

PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. If an assignee is identified below, the document has been filed for recordation as set forth in 37 CFR 3.11. Completion of this form is NOT a substitute for filing an assignment.

(A) NAME OF ASSIGNEE

Typed or printed name \_

(B) RESIDENCE: (CITY and STATE OR COUNTRY)

KIBRON INC. OY,	Helsinki, Finland
Please check the appropriate assignee category or categories (	(will not be printed on the patent): 🛛 Individual 🔲 Corporation or other private group entity 🚨 Governmen
4a. The following fee(s) are submitted:  ☑ Issue Fee ☑ Publication Fee (No small entity discount permitted) ☑ Advance Order - # of Copies	4b. Payment of Fec(s): (Please first reapply any previously paid issue fee shown above)  A check is enclosed.  Payment by credit card. Form PTO-2038 is attached.  The Director is hereby authorized to charge the required fee(s), any deficiency, or credit any overpayment, to Deposit Account Number 01-2340 (enclose an extra copy of this form).
5. Change in Entity Status (from status indicated above)  a. Applicant claims SMALL ENTITY status. See 37 C	FR 1.27.
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